



State of New Jersey



Raffle Report of Operations

Please print or type.

I.D. Number _____

Municipality _____

License number _____

Name of Licensee _____

Street Address _____

City _____

State _____

Zip Code _____

Location of Games _____

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the games(s) of chance.

Occasion 1

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rental \$ _____	
Equipment costs \$ _____	Other \$ _____	Total Expenses \$ _____
Type of prize _____		Net Proceeds \$ _____

Occasion 2

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rental \$ _____	
Equipment costs \$ _____	Other \$ _____	Total Expenses \$ _____
Type of prize _____		Net Proceeds \$ _____

Occasion 3

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rental \$ _____	
Equipment costs \$ _____	Other \$ _____	Total Expenses \$ _____
Type of prize _____		Net Proceeds \$ _____

Occasion 4

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rental \$ _____	
Equipment costs \$ _____	Other \$ _____	Total Expenses \$ _____
Type of prize _____		Net Proceeds \$ _____

Occasion 5

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rental \$ _____	
Equipment costs \$ _____	Other \$ _____	Total Expenses \$ _____
Type of prize _____		Net Proceeds \$ _____

Occasion 6

Date _____	Time _____	Type of raffle _____
No. of tickets sold _____	Ticket price \$ _____	Gross receipts \$ _____
Cost of prizes \$ _____	Rental \$ _____	
Equipment costs \$ _____	Other \$ _____	Total Expenses \$ _____
Type of prize _____		Net Proceeds \$ _____

Total number of occasions _____

Total number of tickets sold (1-6 combined) _____

Price of tickets \$ _____

Total gross proceeds (1-6 combined) \$ _____

Total expenses (1-6 combined) \$ _____

Total net proceeds (1-6 combined) _____

Please provide the name and address of the bank where the balance has been deposited:

Name	Address	Telephone number
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Description of Expenses

Please provide the name, address and amount paid to the providers of equipment, prizes or services. If additional space is required, attach a separate sheet of paper.

Name	Address	Amount
Name	Address	Amount
Name	Address	Amount

Utilization of Net Proceeds

If additional space is required, attach a separate sheet of paper.

Date	Description of use	Check number	Amount
Date	Description of use	Check number	Amount
Date	Description of use	Check number	Amount

I hereby certify that all of the statements on the foregoing Report of Operations are true, accurate and complete.

Name of officer (please print)	Signature
Name of member in charge (please print)	Signature

Sworn and subscribed before me this _____ day of _____, _____

Name of notary public (please print)	Signature
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